

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 537

Office of ~~Registration~~ Vital Statistics.

Ward 3

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Gacklein

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 17 Years, — Months, — Days

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } MD.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1838 East Pratt St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, June 23rd 87

Undertaker, G. Franer

Place of Business, 3rd & Wolfe St. Address, Broadway & Pratt St

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 532 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Hornish

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 43 Years, 9 Months, — Days.

Color, Reverend

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Labrador

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Leeds, Mass

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give Street and Number. } 320 W. 1st St

Cause of Death, { First (Primary), Second (Immediate), } Bright's disease

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Levens Cemetery

Date of Burial, June 24 1887

{ Undertaker, William Dungey }

{ Place of Business, 150 East St }

Address, 203 W. Carey St

H. C. Shimmer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 553 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within two four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Kemp.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 5 Years, 23 Months, 23 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Boston Mass.

Duration of Residence in the City of Baltimore, 5 weeks.

Place of Death, { Give Street and Number. } 507 N. Eddy St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Convulsions

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Boston Mass by Rail

Date of Burial, June 25 1887

Undertaker, William D. Long Francis A. Gauer M. D.

Medical Attendant.

Place of Business, 150 E. St Address, 439 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4725 Transit

The Special Attention of Physicians is respectfully invited to the requirements herein and to the fact that this Certificate is required for the burial of the deceased.

A. Health Department, City of Baltimore.

Permit No. 554

Office of Registrar of Vital Statistics.

Ward 8⁹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 9. P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augustus Frederick Genham

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — Years, 3 Months, 16 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation, Nothing

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, { Give Street and Number. } 816 E. Eager St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Exhaustion.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeeming

Date of Burial, June 23rd 1887

Undertaker, A. T. T. T. T. J. B. Saunders M. D.

Place of Business, No. 915 N. Gay St. Address 819 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 555 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, June 22-87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarice Fountain

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 Years, 5 Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 18 Moore's Alley

Cause of Death, {First (Primary), Dysentery, marasmus
Second (Immediate), Convulsion}

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shamrock Cemetery

Date of Burial, June 23, 1887

{Undertaker, Alex. Kinsley } C. O. Miller M. D. Medical Attendant.

{Place of Business, 541 Arch Street } Address, 312 N. Madison

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 656 Office of Registrar of Vital Statistics.

Ward

16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 21st 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alice Perkins

Sex, Male or Female,

{ Cross out the word not required in this line. }

female

Age,

Years,

6 Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

Life Time

Place of Death,

{ Give Street and Number. }

605 S. Fremont St

Cause of Death,

{ First (Primary),

Second (Immediate),

Meningitis

Prostration

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

Laurie Cemetery

Date of Burial,

June 23 1887

Undertaker,

Herndon Bros

A. S. Badden M. D.

Medical Attendant.

Place of Business,

48 South Gay St

Address, 48 S. Race St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

A. 557

Office of Registrar of Vital Statistics.

Ward

9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 28th 11 P.M., 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Michael Murrey

Sex, Male or Female,

Cross out the word not required in this line.

Age,

80

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Laborer
Ireland

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

36 years

Place of Death,

Give Street and Number.

206

Duquesne Wharf

Cause of Death,

First (Primary),
Second (Immediate),

General Adynamia
General Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St Peter's Cemetery

Date of Burial,

June 23rd 1887

Undertaker,

Geo P Byrne

Place of Business,

65 Front St

A. H. P. Sherrin M. D.
Medical Attendant.

Address, 1102 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 558 Office of Registrar of Vital Statistics. Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1887

Full Name of Deceased, Mary Fannin
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female ~~Male~~ { Cross out the word not required in this line. }

Age, 4 Years, 7 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Bact. R. 7

Birth Place, Bact. R. 7
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, always

Place of Death, 11th S. W. Cor. Spring and Pratt
{ Give Street and Number. }

Cause of Death, Pyphilitic Meningitis
Convulsion
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 23rd 1887

Undertaker, Jacob Ahrens & Co L. O. Muehlen M. D.

Place of Business, 626 N. Baltimore St. Address, 25 S. Eder St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No.

A 539

Office of Registrar of Vital Statistics.

Ward

3¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 21st 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Leonard H. K Lindeman
aka

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

15

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

259 S. Caroline St
Castroville

Cause of Death,

{ First (Primary),

Second (Immediate),

Convulsion

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Paul's Cem.

Date of Burial,

June 23rd 1887

{ Undertaker,

H. Sanderson

{ Place of Business,

1710 Canton Ave

Address,

25 S. Edley St

L. O. Underhill M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Page

Health Department, City of Baltimore.

Permit No. A 560

Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22 June 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August Robert.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 2 Months, 19 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Teacher

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 105 Years

Place of Death, { Give Street and Number. } 105 Patterson Park area

Cause of Death, { First (Primary), Second (Immediate), } Enteritis

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer am

Date of Burial, June 24th 1887

Undertaker, W. Bluthaupt

Place of Business, 709 E Lombard Address, 901 Nisquith St.

C. H. Gaffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]